



Complete Summary

TITLE

Stroke and stroke rehabilitation: percentage of patients aged 18 years and older with the diagnosis of ischemic stroke who did not receive intravenous unfractionated heparin.

SOURCE(S)

American Academy of Neurology, American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Stroke and stroke rehabilitation physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Sep. 19 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with the diagnosis of *ischemic* stroke who did not receive intravenous unfractionated heparin.

RATIONALE

Administration of intravenous (IV) unfractionated heparin is not generally recommended for stroke patients. This measure was written as an avoidance measure so that the performance goal is 100%, consistent with the other measures.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Dose-adjusted, unfractionated heparin is not recommended for reducing morbidity, mortality, or early recurrent stroke in patients with acute stroke (i.e., in the first 48 hours) because the evidence indicates it is not efficacious and may be associated with increased bleeding complications. (American Academy of Neurology/American Stroke Association [ANA/ASA])

IV, unfractionated heparin or high-dose Low-molecular-weight (LMW) heparin/heparinoids are not recommended for any specific subgroup of patients with acute ischemic stroke that is based on any presumed stroke mechanism or location (e.g., cardioembolic, large vessel atherosclerotic, vertebrobasilar, or "progressing" stroke) because data are insufficient. (ANA/ASA)

PRIMARY CLINICAL COMPONENT

Ischemic stroke; intravenous (IV) unfractionated heparin

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with the diagnosis of *ischemic* stroke (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who did not receive intravenous (IV) unfractionated heparin

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Anticoagulants and antiplatelet agents in acute ischemic stroke: report of the Joint Stroke Guideline Development Committee of the American Academy of Neurology and the American Stroke Association \(a division of the American Heart Association\).](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use**CARE SETTING**

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component**INCIDENCE/PREVALENCE**

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with the diagnosis of *ischemic* stroke

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with the diagnosis of *ischemic* stroke

Exclusions

Patients undergoing carotid endarterectomy or carotid angioplasty-stenting;
documentation of other medical reasons(s) for patient receiving intravenous unfractionated heparin

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who did not receive intravenous (IV) unfractionated heparin

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #9: overuse measure -- avoidance of intravenous heparin.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Stroke and Stroke Rehabilitation Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Academy of Neurology, American College of Radiology, the National Committee for Quality Assurance, and the Physician Consortium for Performance Improvement®

DEVELOPER

American Academy of Neurology
American College of Radiology
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Academy of Neurology, American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Stroke and stroke rehabilitation physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Sep. 19 p.

MEASURE AVAILABILITY

The individual measure, "Measure #9: Overuse Measure -- Avoidance of Intravenous Heparin," is published in the "Stroke and Stroke Rehabilitation Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on January 2, 2008. The information was verified by the measure developer on February 18, 2008.

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Date Modified: 11/3/2008

